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SILICON VALLEY PATENT AGENCY		TOMASZEWSKI, MICHAEL
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	3626	

SHORTENED STATUTORY PERIOD OF RESPONSE	MAIL DATE	DELIVERY MODE
3 MONTHS	03/07/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

If NO period for reply is specified above, the maximum statutory period will apply and will expire 6 MONTHS from the mailing date of this communication.

	Application No.	Applicant(s)
Office Action Summary	09/844,933	CHAN ET AL.
	Examiner	Art Unit	
	Mike Tomaszewski	3626	

-- *The MAILING DATE of this communication appears on the cover sheet with the correspondence address* --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS,
WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed
  after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any
  earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on <u>19 December 2006</u>.

2a)☐ This action is **FINAL**.   2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is
closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) <u>1-54</u> is/are pending in the application.

     4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) <u>1-54</u> is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☒ The drawing(s) filed on <u>26 April 2001</u> is/are: a)☒ accepted or b)☐ objected to by the Examiner.

     Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

     Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

     a)☐ All   b)☐ Some *   c)☐ None of:

       1.☐ Certified copies of the priority documents have been received.

       2.☐ Certified copies of the priority documents have been received in Application No. _____.

       3.☐ Copies of the certified copies of the priority documents have been received in this National Stage
application from the International Bureau (PCT Rule 17.2(a)).

     * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1)☒ Notice of References Cited (PTO-892)

2)☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3)☐ Information Disclosure Statement(s) (PTO/SB/08)
     Paper No(s)/Mail Date _____.

4)☐ Interview Summary (PTO-413)
     Paper No(s)/Mail Date. _____ .

5)☐ Notice of Informal Patent Application

6)☐ Other: _____.

DETAILED ACTION

Notice To Applicant

1.   A request for continued examination under 37 CFR 1.114, including the fee set

forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this

application is eligible for continued examination under 37 CFR 1.114, and the fee set

forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office Action

has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on

12/19/06 has been entered. Claims 1, 21, and 38 have been amended. Claims 1-54

are pending.

Specification

2.   The following is a quotation of the first paragraph of 35 U.S.C. 112:

> The specification shall contain a written description of the invention, and of the
> manner and process of making and using it, in such full, clear, concise, and exact
> terms as to enable any person skilled in the art to which it pertains, or with which
> it is most nearly connected, to make and use the same and shall set forth the
> best mode contemplated by the inventor of carrying out his invention.

3.   The specification is objected to under 35 U.S.C. § 112, first paragraph, because

the specification, as originally filed, does not provide support for the invention as is now

claimed for the reasons in section 4, *infra*.

4.   The amendment filed 12/19/06 is objected to under 35 U.S.C. 132(a) because it

introduces new matter into the disclosure. 35 U.S.C. 132(a) states that no amendment

shall introduce new matter into the disclosure of the invention. The added material

within amended claims 1, 21 and 38, which is not supported by the original disclosure is

as follows: "deemed to be attended by professionals." Applicant is required to cancel

the new matter in the reply to this Office Action.

Claim Rejections - 35 USC § 112

5.   Claims 1-54 are rejected under 35 U.S.C. § 112, first paragraph, as containing

subject matter which was not described in the specification in such a way as to

reasonably convey to one skilled in the relevant art that the inventor(s), at the time the

application was filed, had possession of the claimed invention and for the reasons set

forth in the objection to the specification in section 4, *supra*.

Claims 1, 21 and 38 recite limitations that are new matter, as discussed above.

Claims 2-20, 22-37, and 39-54 incorporate the deficiencies of claims 1, 21 and 38

through dependency and are also rejected.

Applicant is advised to provide support for all features added to the amendment

filed on 5/2/2006.

Claim Rejections - 35 USC § 103

6.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

NOTE: The following rejections assume that the subject matter added in the amendment filed on 12/19/06 is not new matter and are provided hereinbelow for Applicant's consideration on the condition that Applicant properly traverses the new matter objections and rejections set forth in sections 2-5, *supra*, in the next communication sent in response to the present Office Action.

7.   Claims 1-9, 18-29, 38-46 and 54 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Joao (6,283,761; hereinafter Joao), in view of Ertel (5,307,262;

hereinafter Ertel), in view of Campbell (6,047,259; hereinafter Campbell), and in view of

Snell (5,722,999; hereinafter Snell).

(A)   As per claim 1, Joao discloses a method for managing diseases and wellness

online, the method comprising:

(1)   receiving patient data over a network from a user regarding a health

        condition being experienced by the user (Joao: abstract; col. 3, lines 34-

        45; Fig. 1-15B);

(2)   performing an analysis of the patient data(Joao: abstract; col. 17, lines 24-

        61; Fig. 1-15B); and

(3)   outputting, in response to the patient data, a medical recommendation of

        the health condition based on a second database, that includes medical

        decision-making intelligent agents, accesses to clinical research

        information, related health databases and resources controlled by various

        professional participants, wherein the medical recommendation includes

        what the user is suggested to do in regarding to the health condition

        (Joao: abstract; col. 4, lines 39-47; Fig. 1-15B).

Joao, however, fails to *expressly* disclose a method for managing diseases and
wellness online, the method comprising:

(4)   filtered patient data;

(5)   filtering the patient data according to a first database to produce filtered

        patient data, wherein the filtering of the patient data comprises:

        (a)   discarding some of the patient data that is not so related to the

                health condition; and

(b)   requesting correction or verification on some of the patient data

with the user when the patient data appears abnormal according to

the first database; and

(6)   alerting parties regarding the user if the health condition is <u>deemed to be</u>

<u>attended by professionals</u>.

Nevertheless, these features are old and well known in the art, as evidenced by

Ertel, Snell and Campbell. In particular, Ertel, Snell and Campbell disclose a method for

managing diseases and wellness online, the method comprising:

(4)   filtered patient data (Ertel: abstract; col. 37, lines 39-67; col. 41, lines 12-

64; Fig. 1-4);

(5)   filtering the patient data according to a first database to produce filtered

patient data (Ertel: abstract; col. 37, lines 39-67; col. 41, lines 12-64; Fig.

1-4), wherein the filtering of the patient data comprises:;

(a)   discarding some of the patient data that is not so related to the

health condition (Snell: abstract; col. 16, lines 55-67; Fig. 9); and

(b)   requesting correction or verification on some of the patient data

with the user when the patient data appears abnormal according to

the first database (Campbell: col. 9, lines 65-66); and

(6)   alerting parties regarding the user if the health condition is <u>deemed to be</u>

<u>attended by professionals</u> (Campbell: col. 11, lines 31-56; col. 13, lines

47-51).

One of ordinary skill would have found it obvious at the time of the invention to

combine the teachings of Campbell with the combined teachings of Joao, Ertel and

Snell with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

One of ordinary skill would have found it obvious at the time of the invention to

combine the teachings of Ertel with the combined teachings of Joao, Campbell and

Snell with the motivation of improving data quality (Ertel: col. 5, lines 20-53).

One of ordinary skill would have found it obvious at the time of the invention to

combine the teachings of Snell with the combined teachings of Joao, Ertel and

Campbell with the motivation of managing medical data (Snell: abstract).

(B)   As per claim 2, Joao fails to *expressly* disclose the method of claim 1, wherein

the receiving of the patient data comprises:

(1)   verifying the user by looking up an account associated with the user;

(2)   requiring the user to set up the account if the account can not be verified;

and

(3)   composing a number of questions based on the first database in

conjunction with the account if the account can be verified.

Nevertheless, these features are old and well known in the art, as evidenced by

Campbell. In particular, Campbell discloses the method of claim 1, wherein the

receiving of the patient data comprises:

(1)   verifying the user by looking up an account associated with the user

(Campbell: abstract; col. 6, lines 20-64; Fig. 1-14);

(2)   requiring the user to set up the account if the account can not be verified

(Campbell: abstract; col. 6, lines 20-64; Fig. 1-14); and

(3)   composing a number of questions based on the first database in

conjunction with the account if the account can be verified (Campbell:

abstract; Fig. 1-14).

One of ordinary skill would have found it obvious at the time of the invention to

combine the teachings of Campbell with the combined teachings of Joao, Ertel and

Snell with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(C)   As per claim 3, Joao discloses the method of Claim 2, wherein the account lists

the health condition about the user and wherein the first database includes common

knowledge database about the health condition, the knowledge database being

constantly updated with other related servers on the network (Joao: abstract; col. 7,

lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(D)   As per claim 4, Joao discloses the method of Claim 3, wherein the patient data

includes answers from the user to the questions (Joao: abstract; col. 16, line 33-col. 20,

line 20; col. 29, lines 15-39; Fig. 1-15B).

(E)   As per claim 5, Joao discloses the method of Claim 1, wherein the receiving of

the patient data comprises receiving diagnostic data from a diagnostic test device

(Joao: abstract; col. 16, line 3-col. 20, lines 20; Fig. 1-15B).

(F)   As per claim 6, Joao discloses the method of Claim 1, wherein the patient data

includes diagnostic data from a diagnostic test device (Joao: abstract; col. 16, line 3-col.

20, lines 20; Fig. 1-15B).

(G)   As per claim 7, Joao discloses the method of Claim 1, wherein:

        (1)   the first database includes a common knowledge database that is

                constantly updated with other related servers on the network (Joao:

                abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(H)   As per claim 8, Joao discloses the method of Claim 7, wherein the analysis

includes a statistical analysis and a medical analysis of the patient data (Joao: abstract;

col. 17, lines 25-61; col. 20, lines 12-20; Fig. 1-14B).

(I)   As per claim 9, Joao discloses the method of Claim 8, wherein the performing of

the analysis of the patient data comprises:

(1)   obtaining statistical features of the patient data through the statistical

analysis (Joao: abstract; col. 17, lines 25-61; col. 20, lines 12-20; Fig. 1-

14B);

(2)   determining possible causes related to the health condition out of the

patient data in conjunction with the statistical features (Joao: abstract; col.

17, lines 25-61; col. 20, lines 12-20; Fig. 1-14B).

(J)   As per claim 18, Joao discloses the method of Claim 1, wherein the second

database is a medical management knowledgebase including one or more static and

dynamic information from multiple sources pertaining to the health condition (Joao:

abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(K)   As per amended claim 19, Joao discloses the method of Claim 18, wherein the

health condition includes one of a disease or a health issue (Joao: abstract; col. 7, lines

42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(L)   As per claim 20, Joao fails to *expressly* disclose the method of Claim 1, wherein

the receiving of the patient data over the network comprises:

> (1)   maintaining an account associated with the user; and
>
> (2)   updating the account with the patient data related to the health condition.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the method of Claim 1, wherein the receiving of the patient data over the network comprises:

> (1)   maintaining an account associated with the user (Campbell: abstract; col. 6, lines 20-64; Fig. 1-14); and
>
> (2)   updating the account with the patient data related to the health condition (Campbell: abstract; col. 6, lines 20-64; Fig. 1-14).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Campbell with the combined teachings of Joao, Ertel and Snell with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(M)   As per claim 21, Joao discloses a method for managing diseases and wellness online, the method comprising:

> (1)   maintaining an account associated with a user having a health condition (Joao: abstract; Fig. 1-15B);

(2)   receiving over a network a request from the user to access the account

        (Joao: abstract; Fig. 1-15B);

(3)   receiving data from the user in response to the questions, wherein the

        data includes answers to the questions and/or diagnostic data received

        from a diagnostic test device pertaining to the health condition (Joao:

        abstract; col. 16, line 3-col. 20, lines 20; Fig. 1-15B);

(4)   wherein the first database includes common knowledge database about

        the health condition and is being constantly updated with other related

        servers on the network (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-

        col. 20, line 20; Fig. 1-15B);

(5)   performing an analysis of the patient data (Joao: abstract; col. 17, lines

        24-61; Fig. 1-15B); and

(6)   providing to the user a medical recommendation of the health condition

        based on a second database that includes medical decision-making

        intelligent agents, accesses to clinical research information, related health

        databases and resources controlled by various professional participants,

        wherein the medical recommendation includes what the user is suggested

        to do in regarding to the health condition (Joao: abstract; col. 4, lines 39-

        47; Fig. 1-15B).

        Joao, however, fails to expressly disclose a method for managing diseases and

wellness online, the method comprising:

(7)   composing a number of questions from the account after the user is

        authenticated; and

(8)   filtering the patient data according to a first database to produce filtered

        patient data, wherein the filtering of the patient data comprises:

        (a)   discarding some of the patient data that is not so related to the

                health condition;

        (b)   requesting correction or verification on some of the patient data

                with the user when the patient data appears abnormal to the first

                database; and

(9)   alerting related parties regarding the user if the health condition is <u>deemed</u>

        <u>to be attended by professionals</u>.

Nevertheless, these features are old and well known in the art as evidenced by

Ertel and Campbell. In particular, Ertel and Campbell disclose a method for managing

diseases and wellness online, the method comprising:

(7)   composing a number of questions from the account after the user is

        authenticated (Campbell: abstract; Fig. 1-14);

(8)   filtering the patient data according to a first database to produce filtered

        patient data (Ertel: abstract; col. 37, lines 39-67; col. 41, lines 12-64; Fig.

        1-4), wherein the filtering of the patient data comprises:

(a)   discarding some of the patient data that is not so related to the

health condition (Snell: abstract; col. 16, lines 55-67; Fig. 9); and

(b)   requesting correction or verification on some of the patient data

with the user when the patient data appears abnormal to the first

database (Campbell: col. 9, lines 65-66); and

(9)   alerting related parties regarding the user if the health condition is <u>deemed</u>

<u>to be attended by professionals</u> (Campbell: col. 11, lines 31-56; col. 13,

lines 47-51).

One of ordinary skill would have found it obvious at the time of the invention to

combine the teachings of Ertel with the combined teachings of Joao, Campbell and

Snell with the motivation of improving data quality (Ertel: col. 5, lines 20-53).

One of ordinary skill would have found it obvious at the time of the invention to

combine the teachings of Campbell with the combined teachings of Joao, Ertel and

Snell with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(N)   Claim 22 substantially repeats the same limitations as those of claim 18 and

therefore, is rejected for the same reasons given for claim 18 and incorporated herein.

(O)   Claim 23 substantially repeats the same limitations as those of claim 19 and

therefore, is rejected for the same reasons given for claim 19 and incorporated herein.

(P)   As per claim 24, Joao discloses the method of Claim 21, wherein the account is

maintained in a server coupled to the network, and wherein the request is generated

from a terminal device being used by the user, the request being an IP request including

an address identifying the server (Joao: abstract; col. 15, line 17-col. 16, line 33; Fig. 1-

14B).

(Q)   As per claim 25, Joao discloses the method of Claim 24, wherein the terminal

device is capable of data communication with the server over the network and includes

a display screen to display the medical recommendation (Joao: abstract; col. 15, line

17-col. 16, line 33; Fig. 1-14B).

(R)   As per claim 26, Joao discloses the method of Claim 25, wherein the terminal

device is selected from a group consisting of a personal computer, a network enabled

cellular phones, a portable computing device and a personal digital assistant (Joao:

abstract; col. 14, lines 49-58; col. 15, line 17-col. 16, line 33; Fig. 1-14B).

Examiner has noted insofar as claim 26 recites "selected from a group consisting

of a personal computer, a network enabled cellular phones, a portable computing

device and a personal digital assistant," a personal computer is recited

(S)   As per claim 27, Joao discloses the method of Claim 24, wherein the medical

recommendation is in a format of a markup language displayable on the terminal device

(Joao: abstract; col. 15, line 17-col. 16, line 33; Fig. 1-14B).

(T)   As per claim 28, Joao fails to *expressly* disclose the method of Claim 21, wherein

the composing of the number of questions comprises generating the questions about

the user in reference to the health condition and further in reference to the first

database.

Nevertheless, these features are old and well known in the art, as evidenced by

Campbell. In particular, Campbell discloses the method of Claim 21, wherein the

composing of the number of questions comprises generating the questions about the

user in reference to the health condition and further in reference to the first database

(Campbell: abstract; Fig. 1-14).

One of ordinary skill would have found it obvious at the time of the invention to

combine the teachings of Campbell with the combined teachings of Joao, Ertel and

Snell with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(U)   Claims 29, 38-46 and 54 substantially repeat the same limitations as those of

claims 1-20 and therefore, are rejected for the same reasons given for those claims and

incorporated herein.

8.   Claims 10-17, 30-37 and 47-53 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Joao, in view of Campbell, in view of Ertel, in view of Snell, as

applied to claim 1 above, and further in view of Lapointe et al. (US 2001/0023419;

hereinafter LaPointe).

(A)   As per claim 10, Joao fails to *expressly* disclose the method of Claim 9, wherein

the statistical analysis of the patient data includes at least one of a fundamental

statistics, a data variability analysis, correlation analysis, causal analysis and a trend

forecasting.

Nevertheless, these features are old and well known in the art, as evidenced by

LaPointe. In particular, LaPointe discloses the method of Claim 9, wherein the

statistical analysis includes a fundamental statistics, a data variability analysis, and a

trend forecasting (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to

combine the teachings of LaPointe with the combined teachings of Joao, Campbell,

Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par.

[0020]).

(B)   As per claim 11, Joao fails to *expressly* disclose the method of Claim 10, wherein

some of the statistical features by the fundamental statistics include mean, mode, max,

min, ratios and fractions to determine an appropriate sorting algorithm.

Nevertheless, these features are old and well known in the art, as evidenced by

LaPointe. In particular, LaPointe discloses the method of Claim 10, wherein some of

the statistical features by the fundamental statistics include mean, mode, max, min,

ratios and fractions to determine an appropriate sorting algorithm (LaPointe: abstract;

par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Campbell, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(C)   As per claim 12, Joao fails to *expressly* disclose the method of Claim 10, wherein the variability analysis determines how significant the patient data is as well as the patient data is distributed.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 10, wherein the variability analysis determines how significant the patient data is as well as the patient data is distributed (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Campbell, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(D)   As per claim 13, Joao fails to *expressly* disclose the method of Claim 10, wherein the trend forecasting includes a projection of the patient data, computation of trends with respect to the patient data using one or more mathematical methods.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 10, wherein the trend

forecasting includes a projection of the patient data, computation of trends with respect to the patient data using one or more mathematical methods (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Campbell, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(E)   As per claim 14, Joao fails to *expressly* disclose the method of Claim 13, wherein the one or more mathematical methods include one or more of linear regression techniques, non-linear regression techniques, curve-fitting methods and numerical analyses.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 13, wherein the one or more mathematical methods include one or more of linear and/or non-linear regression techniques, curve-fitting methods and numerical analyses (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Campbell, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(F)   As per claim 15, Joao fails to *expressly* disclose the method of Claim 8, wherein

the performing of the analysis of the patient data comprises, through the medical

analysis, evaluating a state of the health condition using a medically related logic, risk

stratification, and protocols/algorithms/guidelines that pertain to the health condition.

Nevertheless, these features are old and well known in the art, as evidenced by

LaPointe. In particular, LaPointe discloses the method of Claim 8, wherein the

performing of the analysis of the patient data comprises, through the medical analysis,

evaluating a state of the health condition using a medically related logic, risk

stratification, and protocols/algorithms/guidelines that pertain to the health condition

(LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to

combine the teachings of LaPointe with the combined teachings of Joao, Campbell,

Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par.

[0020]).

(G)   As per claim 16, Joao fails to *expressly* disclose the method of Claim 15, wherein

the medically related logic is a medical modeling logic that simulates a medical

decision-making process and is based on general medical decision making principles.

Nevertheless, these features are old and well known in the art, as evidenced by

LaPointe. In particular, LaPointe discloses the method of Claim 15, wherein the

medically related logic is a medical modeling logic that simulates a medical decision-

making process and is based on general medical decision making principles (LaPointe:
abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to
combine the teachings of LaPointe with the combined teachings of Joao, Campbell,
Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par.
[0020]).

(H)   As per claim 17, Joao fails to *expressly* disclose the method of Claim 15, wherein
the medically related logic is a medical modeling logic that is based on branch/tree logic
and hash or hash-like array memory structures.

Nevertheless, these features are old and well known in the art, as evidenced by
LaPointe. In particular, LaPointe discloses the method of Claim 15, wherein the
medically related logic is a medical modeling logic that is based on branch/tree logic
and hash or hash-like array memory structures (LaPointe: abstract; par. [0005], [0023] -
[0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to
combine the teachings of LaPointe with the combined teachings of Joao, Campbell,
Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par.
[0020]).

(I)   Claims 30-37 substantially repeat the same limitations as those of claims 1-20

and therefore, are rejected for the same reasons given for those claims and

incorporated herein.

Conclusion

9.   Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Mike Tomaszewski whose telephone number is

(571)272-8117. The examiner can normally be reached on M-F 7:00 am - 3:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Joseph Thomas can be reached on (571)272-6776. The fax phone number

for the organization where this application or proceeding is assigned is 571-273-8300.

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USPTO Customer Service Representative or access to the automated information

system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

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3/2/07

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